

## Instrument 1—HS Program Director Protocol 1

RECORD DATE: \_\_\_\_\_

RECORD START TIME: \_\_\_\_\_

INTERVIEWER'S INITIALS: \_\_\_\_\_

NOTETAKER'S INITIALS: \_\_\_\_\_

***Interviewer Instructions:*** *DO NOT READ TO RESPONDENT. Throughout the protocol text in italics are suggested content you can read to the respondent, or you can say in your own words, please review a few times before interviews so you feel comfortable with these scripts. Text in brackets [ ] are instructions for you, and should not be read aloud. In the interviewer instructions, "R" refers to the respondent or person answering the survey.*

### **STEP 1: WELCOME AND INTRODUCTION SCRIPT**

Hello, my name is [your name] and I work for [Organization]. It's nice to meet you. Thanks for speaking with me today.

Before we begin, I would like to note that all information we collect from you and all others today and in the future will be kept private. Your responses today will be used to help improve surveys we are developing to better understand how Head Start programs and elementary schools are supporting children and families as they transition into kindergarten. We estimate our conversation today to last approximately one hour and thirty minutes. Additionally, federal law states that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this data collection is 0970-0355 and the expiration date is 08/31/2024. I can repeat that if you would like to keep it for reference.

We are having a conversation today to help test a newly developed survey on kindergarten transition practices, policies, professional supports in Head Start programs and centers, and perspectives of Head Start program and center staff.

A survey is a set of questions about your experiences. I will ask you to answer the questions as if you were taking a real survey. There are no “right” or “wrong” answers, and it’s ok if you do not know some of the answers. In fact, we are not using the answers you provide; we’re more interested in what you think the questions are asking you. So, as you are answering the questions, I will stop you once in a while and ask questions to see what these questions mean to you and if you are having difficulty answering them. Your responses will help us make the survey better and clearer for other people who may take it in the future. I should also share that I didn’t write these questions, so I won’t take it personally if you say something is not clear. I’m only here to learn how to improve them.

Because the information you provide is so important, I am going to be taking notes while you are working and while we’re talking [INSERT IF THERE IS A NOTE TAKER: and my colleague will also be taking notes on our session today].

This interview will also be recorded so the team can go back to specific places where I may not have been able to write down enough detail in the notes. We will not use any personal information, such as your name or program in our reports. And, as I mentioned before, we’re not really interested in what you answer. Instead, we will only use the answers to improve the survey.

As a thank you for your time and effort, you will receive \$40 at the end of today’s interview.

If at any time you want to stop, just let me know. [*If, for any reason, the participant wants to end the interview, thank them for their his/her time and end the interview.*]

Before we continue, do you have any questions about what I just said? [*Answer any questions the participant may ask.*]

Do you agree to participate in the interview?

CONSENT TO PARTICPATE OBTAINED:

YES NO

Do you agree to this interview being recorded?

CONSENT TO RECORD INTERVIEW OBTAINED:

YES NO

*[If yes, start the recording]*

Can you confirm for the recording that you consent to this interview being recorded?

Were you able to review the consent form we sent you via email? [Email again if needed.] As the form explains, your participation in this discussion is completely voluntary, and we will keep your answers private. Your responses will be combined with responses from others we talk to, and they will be kept in a secure electronic place. We may use quotes from our discussions in internal written reports, though we will not include your name or any personal information that can be used to identify you. The results might be discussed at a high level in public reports, but direct quotes will not be included.

Do you have any questions or concerns before we get started?

## **STEP 2: PRACTICE THINK ALOUD**

When I ask you to complete this survey, I would like you to read out loud everything you would read to yourself if you were completing the survey by yourself. I'd also like you to "think aloud" as you answer the questions. This means I would like to hear your thought process and how you figure out or think through your answers to the questions. This helps me understand how to make the survey better.

"Thinking aloud" is different from anything you may have done before, so we are going to do a practice question. Before we do that, I'd like to share the type of information we're looking for. So that we can learn from you, it is important that you tell me when something in a question does not make sense to you or seems weird to you in any way. Please tell me if:

- a question seems hard to answer.
- the words in the question are hard to understand.
- you have a hard time coming up with an answer.
- the words in the question are not the ones that Head Start Program Directors would use.

- o you think other Head Start Program Directors may not understand.
- o you don't have the information to answer the question or if you think other Head Start Program Directors would not be able to answer.
- o the response categories don't match the question to you.
- o you don't think any of the response categories represents your experiences.

I'll do a practice run with the sample question "How many windows do you have in your apartment or house?"

*[Interviewer, to demonstrate an example: Answer the question about your own home using the "think aloud" technique. Include detail about panes of glass in doors, etc.]*

Okay, now it's your turn, I'll ask you to answer the practice question on the survey we sent you and "think aloud" as you decide your answer.

*[If R only gives a number, ask them to do it again, but this time to say more about how they are arriving at their answer so that you can understand how they came up with the number.]*

If needed: What are you including?

Great, thank you. That's the kind of detail I am looking for throughout our session. I will remind you to continue to "think aloud" if you forget while you're answering questions.

**Probe Bank:**

*[If R forgets to "think aloud" please nudge them to continue. You can use suggestions from the following probe bank.]*

- Please keep sharing what you're thinking.
- What are you thinking (about)?
- How did you arrive at your answer?
- Can you share more about that (thought)?
- How did you choose [answer] for that one?

- [If you pick up on a visual cue of thoughtfulness]: You seem to be thinking, can you share what you are thinking right now?
- [If you pick up on a visual cue that indicates confusion like going to previous pages or rereading instructions]: “I’m interested in what just happened. Can you tell me about what you were just doing?”

### **STEP 3: COMPLETION OF THE QUESTIONNAIRE**

Now we're ready to begin. *[Refers R to a copy of the questionnaire, provided online.]*

Remember that I'd like you to "think aloud" while you are reading and deciding on your answer. Also, remember to, please, read aloud anything you would have read to yourself if I were not here.

#### **Question-by-Question Follow-Ups**

##### **Personal Background**

*The following questions ask you to share information about your role and experience with Head Start.*

1. What is your title?
  - a. Program Director
  - b. Education Coordinator
  - c. Other Manager/Coordinator
  - d. Executive Director
  - e. Associate Director
  - f. Assistant Director
  - g. Other [Please specify]

#### **PROBES:**

- **ARE THERE OTHER TITLES THAT YOU USE OR BETTER FIT YOUR POSITION?**
- **ARE THERE ANY OTHER TITLES THAT YOU KNOW OTHERS MIGHT USE?**

2. In total, how many years have you worked in this role in this Head Start program?

- a. |||| Years
- b. Don't know

3. In total, how many years have you worked with **any** Head Start Program in any role?

*[Programming note: responses should be rounded to the nearest whole number of years]*

- a. ||| Years
- b. Don't know

4. What is the highest degree or level of school you have completed? *If currently enrolled, select the highest degree you've received.*

- a. Some high school, no diploma
- b. High school graduate, diploma or the equivalent (for example: GED)
- c. Some college credit, no degree
- d. Trade/technical/vocational training
- e. Associate degree
- f. Bachelor's degree
- g. Master's degree
- h. Professional degree
- i. Doctorate degree

5. In what field did you obtain your highest degree?
  - a. Child development or developmental psychology
  - b. Early childhood education
  - c. Elementary education
  - d. Special education
  - e. Education, business administration / management & supervision
  - f. Other field (specify)
  - g. Don't know

**PROBES:**

- **ARE ANY OF THESE RESPONSE ITEMS CONFUSING?**
- **WOULD YOU RECOMMEND ANY REVISIONS TO THESE SURVEY QUESTIONS OR RESPONSE OPTIONS?**

6. To which gender identity do you most identify?
  - a. Man/male
  - b. Woman/female
  - c. Nonbinary
  - d. Prefer not to answer
  
7. Are you of Hispanic, Latino/a, or Spanish origin? *Select one or more.*
  - a. No, not of Hispanic, Latino/a, or Spanish origin
  - b. Yes, Mexican, Mexican American, Chicano/a
  - c. Yes, Puerto Rican



- d. Yes, Cuban
- e. Yes, Another Hispanic, Latino/a or Spanish origin
- f. Prefer not to answer

8. What is your race? You may name more than one if you like.

*Select all that apply.*

- a. American Indian or Alaska native (please specify)
- b. Asian Indian
- c. Black or African American
- d. Chinese
- e. Filipino
- f. Guamanian or Chamorro
- g. Japanese
- h. Korean
- i. Native Hawaiian
- j. Samoan
- k. Vietnamese
- l. White
- m. Other Asian (please specify)
- n. Other Pacific Islander (please specify)
- o. Another race (please specify)
- p. Don't know

q. Prefer not to share

**PROBE: Ask the respondent to try the PIR version that combines these last two questions into a single question.**

## Head Start Program Information

The following questions ask you to reflect on your Head Start program and the children who transition to kindergarten.

9. How many separate centers does your program have?

**Drop Down Menu** — 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10+

10. In a typical year, how many children in your program, across all centers, transition to kindergarten?

a. |\_ | \_ | \_ | children

b. Don't Know

## PROBES:

- **HOW EASY OR DIFFICULT WAS IT FOR YOU TO ANSWER THESE LAST TWO QUESTIONS?**
- **HOW CONFIDENT ARE YOU IN YOUR ANSWER TO Q10? WOULD IT BE EASIER TO ANSWER WITH RESPONSE CATEGORIES USING A RANGE (e.g., FEWER THAN 10?)**

## **Policies**

***Policies** are written statements that codify/standardize procedures or expectations. In this section, we ask questions about your Head Start program's policies related to kindergarten transitions, and the extent to which these policies are aligned or coordinated with K-12 districts to which your Head Start children transition. **Alignment of policies** across systems is the extent to which Head Start and K-12 systems have explicit, substantive policies about transitions that complement each other.*

**PROBE: WAS THIS INTRODUCTION EASY OR DIFFICULT TO UNDERSTAND? WERE THERE ANY TERMS OR DEFINITIONS THAT COULD BE CLEARER? IF SO, WHICH?**

14. In your opinion, how **aligned are the federal and/or state regulations on kindergarten transition** practices *across* Head Start and local education agencies (LEAs)? Please respond using the following scale, with 1 indicating not at all aligned and 10 indicating extremely well aligned. [provide Likert scale: 1-10]

### **PROBES:**

- **DO YOU FEEL YOU HAVE ENOUGH INFORMATION TO CONFIDENTLY ANSWER THIS QUESTION?**
- **HOW EASY OR DIFFICULT WAS IT TO CHOOSE A NUMBER FROM 1 – 10 TO REPORT ON HOW ALIGNED THE SYSTEMS ARE?**
- **WOULD IT BE EASIER OR BETTER TO USE A SCALE OF 1 – 10 OR THE FOLLOWING OPTIONS: VERY WELL ALIGNED, ALIGNED, SOMEWHAT ALIGNED, NOT AT ALL ALIGNED?**
  - o **CAN YOU TELL ME WHY YOU PREFER THAT ONE?**

15. In your opinion, what is the **quality of kindergarten transition policy implementation** across Head Start and LEAs? Please respond using the following scale, with 1 indicating extremely low quality and 10 indicating extremely high quality. [provide Likert scale: 1-10]

**PROBES:**

- **WHAT DID YOU THINK OF WHEN YOU ANSWERED ABOUT THE “QUALITY” OF THE POLICY IMPLEMENTATION?**
- **WOULD IT BE EASIER OR BETTER TO USE A SCALE OF 1 – 10 OR THE FOLLOWING OPTIONS: VERY WELL ALIGNED, ALIGNED, SOMEWHAT ALIGNED, NOT AT ALL ALIGNED?**
  - o **CAN YOU TELL ME WHY YOU PREFER THAT ONE?**

16. During a typical year, do you provide information about implementing state and/or federal laws and regulations related to kindergarten transitions to any of the following? Please specify which type of information is provided in the table below.

| I provide information to...                        | State policies related to kindergarten transitions | Federal policies related to kindergarten transitions | No information on state/federal policies related to kindergarten transitions |
|--|--|--|--|
| a. Other Head Start Program administrators         |  |  |  |
| b. Head Start managers / coordinators              |  |  |  |
| c. Head Start Center Directors                     |  |  |  |
| d. Head Start teachers                             |  |  |  |
| e. Head Start assistant teachers and support staff |  |  |  |
| f. Local Education Agency / district               |  |  |  |

|  |  |  |  |
|--|--|--|--|
| administrators   |  |  |  |
| g. Elementary school principals/assistant principals           |  |  |  |
| h. Kindergarten teachers                                       |  |  |  |
| i. Elementary school counselors, psychologists, social workers |  |  |  |
| j. Elementary school support staff (e.g., paraprofessionals)   |  |  |  |
| k. Families  |  |  |  |
| l. School board  |  |  |  |
| m. Other (include brief description)                           |  |  |  |
| n. Other (include brief description)                           |  |  |  |
| o. Other (include brief description)                           |  |  |  |

**PROBE:**

- **CAN YOU TELL ME IN YOUR OWN WORDS WHAT THIS QUESTION IS ASKING?**

17. Each year, about how many LEAs/districts provide kindergarten to children who attended your Head Start program in the year prior?

Drop Down Menu — 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10+ | Don't know

**PROBES:**

- CAN YOU EXPLAIN HOW YOU GOT TO YOUR ANSWER?
- HOW CERTAIN ARE YOU OF THIS ANSWER?
  - o WAS IT AN ESTIMATE OR MORE OF AN EXACT NUMBER?

18. Of those [fill in response from Q#17], with how many do you have formal agreements—often referred to as memoranda of understanding (MOU)—intended to support children's transition into kindergarten?

Drop Down Menu — 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10+ | Don't know

**PROBES:**

- CAN YOU EXPLAIN HOW YOU GOT TO YOUR ANSWER?
- HOW CERTAIN ARE YOU OF THIS ANSWER?
  - o WAS IT AN ESTIMATE OR MORE OF AN EXACT NUMBER?

[Survey logic: If 0, then skip question 19]

The next few questions require you to reflect on the formal agreement or memoranda of understanding (MOUs) that your Head Start program has in place with *the LEA/school district where most children from your Head Start program attend kindergarten.*

*It may be helpful to have a copy of the MOU on hand to best answer these questions.*

19. Does the formal agreement or MOU contain...

|  | Yes | No | Don't know |
|--|-----|----|------------|
| a. Statement(s) (e.g., Goals, Purposes, Guiding Principles) saying that a smooth transition to kindergarten is a shared responsibility between the Head Start program and LEA/school district? |     |    |            |
| b. Statement(s) that kindergarten transitions require meaningful partnerships, joint practices, and/or shared responsibilities between Head Start and the K-12 system?                         |     |    |            |
| c. Statement(s) that successful kindergarten transitions require meaningful engagement of families as partners in the process?   |     |    |            |
| d. Details about specific, collaborative kindergarten transition-related professional supports for teachers, staff, and administrators (e.g., training, professional learning)?                |     |    |            |
| e. Details about accountability (e.g., reporting back to an interagency council regarding transition policies)?  |     |    |            |
| f. Specific implementation structures to support kindergarten transitions (e.g., assigned transitions coordinator)?  |     |    |            |
| g. Specific procedures for sharing data and records about children?  |     |    |            |
| h. Specific procedures for communication between Head Start and kindergarten teachers?   |     |    |            |
| i. Specific procedures to support continuity of services and programs for special populations (e.g., children receiving special  |     |    |            |



|  |  |  |  |
|--|--|--|--|
| education services, multi-language learners)?  |  |  |  |
| j. Specific procedures for communication between Head Start and kindergarten teachers to discuss educational, developmental, and other needs of children and families? |  |  |  |
| k. Specific procedures for coordination of special education services and data, including transferring IEP records?  |  |  |  |
| l. Specific procedures for joint professional development opportunities, specific to kindergarten transitions, that include both Head Start and kindergarten teachers? |  |  |  |
| m. Specific procedures for curriculum coordination between Head Start programs and kindergarten classrooms?  |  |  |  |

**PROBES:**

- **THIS QUESTION SUGGESTED THAT YOU HAVE A COPY OF A MOU. DID YOU USE ONE OR DID YOU RECALL FROM MEMORY?**
  - **IF USED A COPY OF AN MOU: DO YOU USE ONE STANDARD MOU OR DOES IT SOMETIMES CHANGE?**
    - **IF IT CHANGES: HOW DID YOU DECIDE WHICH MOU TO REPORT ON?**
  - **IF RECALLED FROM MEMORY: WERE THERE ANY OPTIONS THAT YOU WERE NOT SURE OF? HOW DID YOU HANDLE THOSE QUESTIONS?**
- **WERE THERE ANY OPTIONS THAT YOU SKIPPED? IF SO, CAN YOU EXPLAIN THE REASON FOR SKIPPING?**
- **WERE THERE ANY OPTIONS YOU FELT THAT YOU DIDN'T HAVE THE NEEDED INFORMATION TO ANSWER?**
  - **IF SO: IS THERE ANOTHER PERSON WHO WOULD HAVE THIS INFORMATION?**
- **WERE THERE ANY OPTIONS THAT WERE NOT CLEAR TO YOU?**
- **THERE WERE TWO ITEMS THAT ASKED ABOUT PROCEDURES FOR COMMUNICATION; WAS ONE OF THOSE EASIER FOR YOU TO ANSWER THAN THE OTHER?**
- **ARE THERE ANY OPTIONS THAT SEEM LESS RELEVANT BASED ON YOUR EXPERIENCE?**



## Practices

Kindergarten transition **practices** are concrete activities designed to directly engage children and families during the kindergarten transition. Staff in Head Start or kindergarten can enact transition practices separately or jointly through **coordinated** transition practices. In this section, we ask questions about your Head Start program’s engagement in Head Start-specific and joint kindergarten transition practices.

29. Below is a list of several types of kindergarten transition practices. Please indicate which kindergarten transition practices, if any, your program engages in with the **LEA or elementary school where you send the most Head Start students in a typical year.** Please select “yes,” “no,” or “don’t know” for each below.

|  |
|--|
| a. Help LEA or school identify Head Start children from your program who will enroll in their kindergarten program   |
| b. Arrange visits to kindergarten classrooms for Head Start children in your program prior to the start of the school year   |
| c. Arrange meeting(s) with kindergarten teacher(s) for Head Start families in your program at the receiving elementary school  |
| d. Arrange meeting(s) between Head Start staff and elementary school staff to discuss kindergarten transition activities.  |
| e. Arrange for staff from the receiving elementary school to come to your program to meet and observe children   |
| f. Arrange for Head Start teacher(s) to co-teach lessons with kindergarten teacher(s) at either your Head Start program or at the receiving elementary school  |
| g. Share information about rules and program policies regarding the kindergarten transition across the Head Start and LEA systems with staff in both systems   |
| h. Provide children’s Head Start records to the receiving elementary school  |
| i. Kindergarten and Head Start teachers collaborate with families on transition plans  |
| j. Connect children who are dual language learners with ESL services at the receiving school/district  |
| k. Staff from your Head Start center(s) and the receiving elementary school meet to discuss students with Individualized Educational Plans (IEP) or Individualized Interagency Intervention Plans (IIIP).          |
| l. Staff from your Head Start center(s) and the receiving elementary school meet to discuss students from other high-priority student groups (e.g., homeless, children with disabilities, children in foster care) |

**ALTERNATIVE:** Provide information to the receiving program about individual children (e.g., child assessment information, disability awareness).

**ALTERNATIVE:** Head Start staff participate in the development of IEPs for children with disabilities at the receiving elementary school.

**ALTERNATIVE:** Elementary staff meet with your Head Start staff to discuss strategies that support individual students who may need them (e.g., behavior plans, trauma-informed approaches, school scheduling modifications).

m. Coordinate which entity shares information about kindergarten rules, expectations, and policies with Head Start families

n. Coordinate kindergarten registration and/or kindergarten round up with the receiving elementary school

**PROBES:**

- **WERE ANY OF THESE PRACTICES UNCLEAR?**
- **SOME OF THESE ITEMS WERE NOTED AS “ALTERNATIVE” WORDINGS FOR PREVIOUS ITEMS; DID YOU FEEL ONE WORDING WORKED BETTER THAN THE OTHER? WHY OR WHY NOT?**
- **ARE THERE OTHER TRANSITION PRACTICES THAT YOUR PROGRAM USES THAT ARE NOT LISTED HERE?**
- **ARE THERE TRANSITION PRACTICES THAT ARE NOT AS RELEVANT AND THAT YOU WOULD DROP?**
- **CAN YOU WALK ME THROUGH WHICH LEA/ ELEMENTARY SCHOOL YOU THOUGHT ABOUT WHEN ANSWERING THE QUESTIONS?**
  - **IF NEEDED: DO MOST STUDENTS TYPICALLY ATTEND ONE LEA/ELEMENTARY SCHOOL? OR DOES IT VARY?**
    - **IF VARIES: WHAT DID YOU HAVE IN MIND WHEN ANSWERING THE QUESTIONS?**

**30. Are any kindergarten transition practices written into any Head Start staff job descriptions? (If answer is “no” or “don’t know,” skip to Q#32; if answer yes, proceed to next question)**

- a. Yes

- b. No
- c. Don't know

**PROBE: IN YOUR OWN WORDS, CAN YOU TELL ME WHAT THIS QUESTION WAS ASKING?**

**31. Please indicate which staff are required to carry out kindergarten transition practices as written into their job descriptions (check all that apply)**

- a. Head Start Program Director
- b. Head Start Managers/Coordinators
- c. Head Start Center Director
- d. Head Start teacher
- e. Head Start Family Engagement staff
- f. Other Head Start staff (please specify):

**PROBE: DO YOU FEEL YOU HAVE THE INFORMATION TO ANSWER THIS QUESTION?**

**IF NOT:**

- **PLEASE EXPLAIN HOW YOU HANDLED THIS QUESTION?**
- **WHO MIGHT BE THE RIGHT PERSON TO ANSWER THIS QUESTION?**

*Recall that Staff in Head Start or kindergarten can enact transition practices separately **or** jointly through coordinated transition practices. These next questions ask you to think about joint or coordinated transition practices.*

**44. In a typical program year, how many of the following K-12-related entities does your Head Start program engage in *coordinated* kindergarten transition practices with?**

|  | <b>0</b> | <b>1-2</b> | <b>3 or more</b> | <b>Don't know</b> | <b>Not applicable</b> |
|--|----------|------------|------------------|-------------------|-----------------------|
| a. School Districts; Local Education Agencies (LEAs) |          |            |                  |                   |                       |
| b. Individual elementary schools                     |          |            |                  |                   |                       |

**PROBES:**

- **CAN YOU WALK ME THROUGH HOW YOU CAME TO EACH OF THESE ANSWERS? WOULD PROVIDING A SINGLE NUMBER (e.g., from a drop-down menu of numerals) FOR EACH HAVE BEEN EASIER FOR YOU?**
- **WOULD USING OTHER CATEGORIES, LIKE “ALL” “More than half” “about half” “less than half” or “none” BEEN EASIER FOR YOU?**

46. **Earlier, you reported that there were [XX – populate with response to Q9] Head Start centers in your program. How many of these centers participate in *joint* kindergarten practices with K-12 entities?**

| <b># of Centers</b> | <b>Don't Know</b> |
|---------------------|-------------------|
|                     |                   |

**Drop Down Menu — 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10+**

## **Closing**

Thank you for your time and thoughtful responses. The information you have provided is invaluable to improving kindergarten transitions for Head Start children, their families, and their educators.

If you have any questions about this survey or the broader study, please contact **[INSERT NAME]** at **[INSERT EMAIL]**.

Now that we've finished, I'm happy to forward a \$40 gift card to thank you for your time sharing your expertise. Which email or phone number would you like me to send it to?

Excellent. I will send that as soon as we hang up. Thank you!